Ø 002/003 2009 12/21 16:53 FAX 415 576 0300 PART B - FEE(\$) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 DEC 2 1 2009 Alexandria, Virginia 22313-1450 or Eax (571)-273-2885 INSTRUCTION This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where the service of the correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated the corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fees will be mailed to the current correspondence address. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 10/08/2009 20350 7590 Certificate of Mailing or Transmission thereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimite transmitted to the USPTO (571) 273-2885, on the date indicated below. TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR SAN FRANCISCO, CA 94111-3834 William Chinn (Depositor's name) 12/22/2009 HDESTA2 00000103 201430 10565345 (Signature 21, 2009 December 01 FC:2501 755.00 DA (Date 02 FC:1504 <u>300.00 DA</u> CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. APPLICATION NO. FILING DATE 2236 084342-000000US 12/27/2006 Sergio A. Maiocchi 10/565,345 TITLE OF INVENTION: SYSTEM FOR OPERATING DC MOTORS AND POWER CONVERTERS TOTAL FEE(S) DUE DATE DUE PREV. PAID ISSUE FEE PUBLICATION PEE DUE APPLN, TYPE SMALL ENTITY **ISSUE FEE DUE** 01/08/2010 \$0 \$1055 YES \$755 nonprovisional CLASS-SUBCLASS EXAMINER ART UNIT RO. BENTSU 2837 318-400220 Townsend and Townsend Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list and Crew, LLP (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. Tree Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) 4a. The following fee(s) are submitted: XX ssuc Fee A check is enclosed. Payment by credit card. Form PTO-2038 is attached. Debutication Fee (No small entity discount permitted) 20 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 20-1430 (enclose an extra copy of this form).

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62,135 Registration No.

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